



County of Los Angeles Department of Mental Health

TRAINING APPLICATION FORM

Please Print or Type

Instructions

Each training is assigned a unique Course ID number which can be found on the upper right corner of the bulletin page. This number must be used when completing this form. Each individual must complete a separate copy of this form for each he/she wishes to attend.

Each applicant must also provide a unique identifying number. For county employees, this is the County Employee Number. All other applicants must provide their first and last initial and the last four (4) digits of their Social Security Number. If the correct information is not provided, the Training Division will not be responsible for record keeping, and **no** certificate of attendance will be issued.

This form is not to be used for LPS Designation Training. The required form for that training is found elsewhere in this bulletin.

Training Title (as in DMH bulletin)					
Training ID (found on upper right corner of bulletin page)		Date(s)			
County Employee Number (non-county employees supply the last four digits of the SSN)					
Name					
Program, Service or Agency					
Job Title					
Address					
City				Zip Code	
Telephone				Fax	
License or Credential Number(s) (complete as many as applicable)					
CAADAC		LCSW		LPT	
				LVN	
MD		MFT		Psychologist	
				RN	
Supervisor's Approval (Applications will not be processed if not signed by supervisor)			Return Application to:		
Print Supervisor Name			County of Los Angeles Dept. of Mental Health Training Division 695 S. Vermont Avenue, 15th floor Los Angeles, CA 90035 Fax: (213) 252-8775 or 252-8776 Phone: (213) 251- 6854		
Supervisor's Signature			(When faxing, there is no need to use a cover sheet)		